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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

D4-16-01 A

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03192-P0001A
First Inventor	Joseph D. Schroeder, et al.
Title	Anti-Microbial Packaging Polymer and Its Method
Express Mail Label No.	EL 550 088 905 US

TO

09/834842

04/13/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Applicant claims small entity status
See 37 CFR 1.27.

3. Specification [Total Pages **44**]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claims(s)
- Abstract of the Disclosure

4. Drawings(s) (35 USC 113) [Total Sheets **9**]
[Total Pages **0**]

5. Oath or Declaration [Total Pages **0**]

- a. New executed (original or copy)
- b. Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	<p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b.: Specification Sequence Listing on:</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	
c. <input type="checkbox"/>	Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS		
9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment	
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/>	Other.....	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part of prior application No.:

Prior application information: Examiner Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**18. CORRESPONDENCE ADDRESS**
 Customer Number of Bar Code Label **24126** Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Michael Krenicky				
Address	St. Onge Steward Johnston & Reens LLC 986 Bedford Street				
City	Stamford	State	CT	Zip Code	06905-5619
Country	United States	Telephone	203 324-6155		Fax 203 327-1096

Name (Print/Type)	Michael Krenicky	Registration No. (Attorney/Agent)	45,411
Signature	<i>Michael Krenicky</i>		Date 4/13/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT	(\$)	816.00	Attorney Docket Number	03192-P0001A GSW/MWK
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

Deposit Account Number	19-4516
Deposit Account Name	St.Onge Steward Johnston & Reens LLC

Charge Any Additional Fee Required Under CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355 Utility filing fee	\$355.00
106	320	206	160 Design filing fee	
107	490	207	245 Plant filing fee	
108	710	208	355 Reissue filing fee	
114	150	214	75 Provisional filing fee	
SUBTOTAL (1)		(\$)	\$355.00	

2. EXTRA CLAIMS FEES

Total Claims	-20** =	Extra Claims	Fee from Below	=	Fee Paid
35	-20** =	15	X 9	=	\$141.00
11	-3** =	8	X 40	=	320.00

Multiple Dependent Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	80	202	40 Independent claims in excess of 3
104	270	204	135 Multiple dependent claims, if not paid
109	80	209	40 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; For Reissues, see above

SUBTOTAL (2)	(\$)	461.00
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Complete if Known

Application No.	60/196,982
Filing Date	April 13, 2001
First Named Inventor	Joseph D. Schroeder, et al.
Examiner Name	
Group Art Unit	

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing for or oath	
127	50	227	25 Surcharge - late provisional filing or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840 Requesting publication of SIR after Examiner Action	
115	110	215	55 Extension for reply within first month	
116	390	216	195 Extension for reply within second month	
117	890	217	445 Extension for reply within third month	
118	1,390	218	695 Extension for reply within fourth month	
128	1,890	228	945 Extension for reply within fifth month	
119	310	219	155 Notice of Appeal	
120	310	220	155 Filing a brief in support of an appeal	
121	270	221	135 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,240	241	620 Petition to revive - unintentional	
142	1,240	242	620 Utility issue fee (or reissue)	
143	440	243	220 Design issue fee	
144	600	244	300 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	240	126	240 Submission of Informational Disclosure Stmt	
581	40	581	40 Recording each patent assignment per Property (times number of properties)	
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355 For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$)

SUBMITTED BY St.Onge Steward Johnston & Reens LLC Complete (if applicable)

Name (Print Type)	Michael Krenicky	Registration No. (Attorney/Agent)	45,411	Telephone	203 324-6155
Signature	<i>Michael Krenicky</i>			Date	4/13/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

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PATENT
03192-P0001A GSW/mwk

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	Joseph D. Schroeder, et al.
Serial No. 60/196,982	Priority of April 13, 2000
Title of Application:	Anti-Microbial Packaging Polymer and Its Method of Use

Assistant Commissioner for Patents
Washington, DC 20231

Cover Sheet For Nine Sheets Of Drawings

Attorney for Applicants
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Express Mail Certificate: I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as *Express Mail Post Office to Addressee* Mailing Label Number EL 550 088 905 US in an envelope addressed to: Box Patent Application, Assistant Commissioner for Patents; Washington, DC 20231.

April 13, 2001


Michael W. Krenicky